

# Frazier Rehab Institute and Metro Parks

PRESENTS

## 2013 Wheelchair Basketball National Championship Tournament

April 16-21, 2013

### Volunteer Registration Form

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ T-Shirt Size: S M L XL XXL

#### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Volunteer \_\_\_\_\_

Volunteer's Physician \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about the tournament?

\_\_\_\_ Frazier Rehab \_\_\_\_ U of L \_\_\_\_ Friend \_\_\_\_ Website \_\_\_\_ Metro Parks \_\_\_\_ Media

#### Volunteer- Please circle how you would like to help (see attached volunteer job descriptions):

Transportation Equipment (loading/unloading) Event Set-up Registration T-shirt Sales Floater/Runner

Penalty Timekeeper Timekeeper Shot Clock Classification Cards Scorekeeper Event Breakdown

#### Please list the time(s) you are available to volunteer:

Tuesday: (4:00pm-10:00pm) \_\_\_\_\_

Wednesday: (10:00am-10:00pm) \_\_\_\_\_

Thursday: (7:00am-10:00pm) \_\_\_\_\_

Friday: (7:00am - 10:00pm) \_\_\_\_\_

Saturday: (7:00am - 7:00pm) \_\_\_\_\_

Sunday: (7:00am - 4:00pm) \_\_\_\_\_

-OVER-

### **Volunteer/Parent/Guardian Release**

As a volunteer or as a parent/guardian of a volunteer with this program, I recognize that there are certain risks of physical injury and I agree to assume the full risk of any injuries, damages or loss resulting from participation in any and all activities connected with or associated with such program. I agree to waive and relinquish all claims I may have as a result of my or my son's/daughter's participation in the program, against the Frazier Rehab Institute, Louisville Metro Parks and Recreation, and their agents, employees, staff and volunteers. I do hereby fully release and discharge the Frazier Rehab Institute, Louisville Metro Parks and Recreation, and their agents, employees, staff and volunteers for any and all claims from injuries, damage or loss which I have or which may accrue to me on account of my or my son's/daughter's participation in the program. I further agree to protect, defend and hold harmless the Frazier Rehab Institute, Louisville Metro Parks and Recreation, and their agents, employees, staff and other volunteers from any and all claims resulting from injuries, damage or losses sustained by myself or my son/daughter or arising out of, connected with, or in any way associated with the activities of the program. I have read and fully understand this release form.

**Before registration as a volunteer in this program is valid, the volunteer or the volunteer's parent or legal guardian must sign this release form.**

Signature of Volunteer/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Confidentiality Release**

I, the undersigned, hereby authorize the Frazier Rehab Institute and Louisville Metro Parks and Recreation to utilize photographs, videotapes, voice recordings, etc, of the participant to be used exclusively for promotion, advertising, and marketing of the Frazier Rehab Institute, Louisville Metro Parks and Recreation, and its programs.

Signature of Volunteer/Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### **Volunteer Opportunities**

The Adapted Sports Program at Frazier Rehab Institute and Louisville Metro Parks and Recreation host many events and programs throughout the year and rely heavily on volunteer help to make these programs successful.

Would you like to be contacted about future volunteer opportunities? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you answered 'Yes', please list the preferred method and time to contact you below:

\_\_\_\_\_ E-mail \_\_\_\_\_ Telephone The best time to contact you: \_\_\_\_\_ AM / PM

**Thank you in advance for your volunteer service during the  
2013 NWBA Wheelchair Basketball National Championship Tournament**

**Please return this form to:**

**Ms. BJ Levis, CPRP, MS, CDSS  
Metro Parks and Recreation  
2305 Douglass Blvd.  
Louisville, KY 40205  
502-45-2428 (work phone) 502-456-8143 (fax)  
Bj.levis@louisvilleky.gov**